

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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I. General Agency Functions						
A. Supports and Services Center provides ongoing competency based training to all appropriate staff.	Overall Compliance Level for Section I.A.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: 100% of staff members hired in the past 12 months in 10% random sample of staff training records have completed or are on schedule to complete all mandatory training.					
	Process Indicator2: 100% of staff members employed for more than 12 months in 10% random sample of staff training records have completed all mandatory training.					
	Process Indicator 3: 95% of staff members hired in the past 12 months in 10% random sample of staff training records have completed or are on schedule to complete all agency-initiated training.					
	Process Indicator 4:					

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	95% of staff members employed for more than 12 months in 10% random sample of staff training records have completed all agency-initiated training.					
	Process Indicator 5: 100% of staff members employed for more than 12 months in random sample of staff training records have completed Attorney General’s Office training on Abuse/Neglect.					
	Process Indicator 6: Facility has process(es) for ensuring that 100% of new staff members are provided with Attorney General’s Office training on Abuse/Neglect within 6 months of hire.					
	Process Indicator 7: All mandatory and agency-initiated training is competency based.					
	Process Indicator 8:					

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	Facility has process(es) for assessing the effectiveness of direct support staff New Employee Training/ Orientation (i.e. actual implementation in real life work contexts) at regular intervals in the first year after orientation.					
	Outcome Indicator 1: Score of 90% or greater on skills implementation observations/reliability checks conducted three months after completion of orientation training.					
	Outcome Indicator 2: Score of 90% or greater on skills implementation observations/reliability checks conducted six months after completion of orientation training.					
	Outcome Indicator 3: Score of 90% or greater on skills implementation observations/reliability					

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	checks conducted nine months after completion of orientation training.					
B. Unified record is maintained which contains all needed information to provide supports to the individual.	Overall Compliance Level for Section I.B.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has a standard table of contents or index for the unified record which includes all needed information to provide supports to the individual.					
	Process Indicator 2: 95% of unified records reviewed comply with the standard table of contents or index.					
	Outcome Indicator 1: Score of 95% or higher on Record Review section of Individualized Supports Review ¹ per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Record Review section of					

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	Individualized Supports Review completed during on-site review.					
C. Supports and Services Center maintains following staffing ratios with qualified staff: 1. Physicians 1:100 2. Nursing 1:25 (day shifts); 1:50 (night shift) 3. Licensed Ph.D.s 1:100 4. Associate to a Psychologists 1:25 5. Neurology hrs (average of 1 visit per year per person) 6. Psychiatry hrs (average of 1 visit per quarter per person) 7. Adequate #s for other professional staff 8. Title XIX Direct Support Staff ratios	Overall Compliance Level for Section I.C.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has an adequate staff recruitment and retention plan.					
	Process Indicator 2: 90% of direct support vacancies for the past 12 months were filled within 30 days.					
	Process Indicator 3: 90% of nursing vacancies for the past 12 months were filled within 60 days.					
	Process Indicator 4: 90% of other professional vacancies for the past 12 months were filled within 60 days.					
	Process Indicator 5:					

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	Facility tracks longitudinal data on staffing ratios.					
	Process Indicator 6: Facility tracks longitudinal data on use of overtime for direct support positions.					
	Process Indicator 7: Facility tracks longitudinal data on use of overtime for nursing positions.					
	Process Indicator 8: Facility has process(es) for ensuring that licensed/certified professionals maintain required licensure/certification.					
	Outcome Indicator 1: Title XIX Direct Support Staff staffing ratios met for 95% of shifts in designated pay period.					
	Outcome Indicator 2: Required nursing ratios met for 95% of shifts in designated pay period.					

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	Outcome Indicator 3: Other professional staff ratios met at time of review.					
	Outcome Indicator 4: 90% of direct support positions are filled at time of review.					
	Outcome Indicator 5: 90% of nursing positions are filled at time of review.					
	Outcome Indicator 6: Stable or decreasing rate of direct support overtime over the past 12 months.					
	Outcome Indicator 7: Stable or decreasing rate of nursing overtime over the past 12 months.					
	Outcome Indicator 8: Stable or decreasing turnover rate for direct support staff over the past 24 months.					
	Outcome Indicator 9: Stable or decreasing turnover rate for nursing staff over the past 24 months.					

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	Outcome Indicator 10: Stable or decreasing overall turnover rate over the past 24 months.					
	Outcome Indicator 11: 100% of professionals in positions requiring licensure/certification have current licensure/certification.					
D. Supports and Services Center will ensure that adequate administrative oversight is provided afterhours and on weekends and holidays.	Overall Compliance Level for Section I.D.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for ensuring that adequate administrative oversight is provided afterhours.					
	Process Indicator 2: Facility has process(es) for ensuring that adequate administrative oversight is provided on weekends and holidays.					
	Process Indicator 3: Facility has process(es) for gathering information about positive and negative findings from staff providing administrative oversight.					

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	Process Indicator 4: Facility has process(es) for responding to positive and negative findings from staff providing administrative oversight.					
	Process Indicator 5: Facility has process(es) for analyzing aggregate information from administrative oversight process(es).					
	Process Indicator 6: Facility has process(es) for initiating performance improvement if/when systemic issues are identified by or related to the administrative oversight process(es).					
	Process Indicator 7: Administrative oversight provided per facility standards across at least 95% of opportunities.					
	Outcome Indicator 1: At least 90% of findings					

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	addressed/resolved within 14 days of report of finding.					
E. Peer Review completed annually for the following areas: 1. Protection From Harm/Risk Management 2. Team Process/Day Programming/Transition Services 3. Psychology/Psychiatry 4. Medical/Nursing 5. Therapy Services	Overall Compliance Level for Section I.E.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Protection From Harm/Risk Management peer review completed within past 12 months.					
	Process Indicator 2: Team Process/Day Programming/Transition Services peer review completed within past 12 months.					
	Process Indicator 3: Psychology/Psychiatry peer review completed within past 12 months.					
	Process Indicator 4: Medical/Nursing peer review completed within past 12 months.					
	Process Indicator 5: Therapy Services peer review completed within past 12 months.					
	Process Indicator 6:					

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	Facility developed and implemented action plans to address peer review findings/recommendations.					
	Outcome Indicator 1: All Protection From Harm/ Risk Management findings/ recommendations addressed and resolved.					
	Outcome Indicator 2: All Team Process/Day Programming/ Transition Services findings/ recommendations addressed and resolved.					
	Outcome Indicator 3: All Psychology/Psychiatry peer review findings/recommendations addressed and resolved.					
	Outcome Indicator 4: All Medical/Nursing peer review findings/recommendations addressed and resolved.					
	Outcome Indicator 5: All Therapy Services peer					

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	review findings/recommendations addressed and resolved.					
	Outcome Indicator 6: Overall compliance score of 90% or higher on each of the peer reviews completed in the past 12 months.					
	Outcome Indicator 7: Stable or increasing peer review compliance score in each of the peer review areas.					
F. Supports and Services Center is responsive to Consumer Complaints in accordance with OCDD policy.	Overall Compliance Level for Section I.F.:	CompliancePartial ComplianceNot in Compliance				
	Process Indicator 1: Facility has process(es) for ensuring that Consumer Complaints are identified, reported, processed, and responded to in accordance with OCDD policy ² .					
	Process Indicator 2: Facility met Consumer Complaint processing timelines for 90% of Consumer Complaints received within the past 12					

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	months.					
	Outcome Indicator 1: 90% of Consumer Complaints received within the past 12 months were resolved to the complainant’s satisfaction.					
G. Enhanced supervision should not be used in lieu of appropriate and effective behavioral and mental health treatment strategies. While a small number of individuals may require ongoing enhanced supervision due to the risks associated with its removal, for most individuals, enhanced supervision should represent a short-term strategy that will be faded as soon as possible.	Overall Compliance Level for Section I.G.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for management of enhanced supervision.					
	Process Indicator 2: Enhanced Supervision plans include staff to resident ratio, required proximity of staff to resident, shift(s) resident receives enhanced supervision, plan for reducing the need for enhanced supervision, and plan for fading enhanced supervision including discontinuation criteria.					
	Process Indicator 3: Enhanced Supervision Committee minutes reflect a					

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	critical review of Enhanced Supervision plans.					
	Process Indicator 4: Behavior plans for 95% of those residents currently receiving enhanced supervision for behavioral/psychiatric reasons include intensive interventions commensurate with the resources assigned.					
	Process Indicator 5: In 95% of medical enhanced supervision cases there is evidence of appropriate complementary interventions from the psychologist (or other discipline).					
	Outcome Indicator 1: Enhanced supervision is of 90 day or less duration in 90% of cases requiring enhanced supervision in the past 12 months.					
	Outcome Indicator 2: 90% of individuals requiring enhanced supervision for					

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	greater than 90 consecutive days in the past 12 months are making progress toward meeting criteria for discontinuation of enhanced supervision.					
	Outcome Indicator 3: 90% of individuals currently receiving enhanced supervision for behavioral/psychiatric reasons have experienced improved behavioral/psychiatric stability since being placed on enhanced supervision.					
H. The Supports and Services Center will achieve its goals and objectives as set forth in the Transformation Plan.	Overall Compliance Level for Section I.H.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: The facility has process(es) in place to ensure achievement of Transformation Plan ³ goals and objectives.					
	Outcome Indicator 1: The facility has achieved/is on track to achieve its Transformation Work Plan targets for FY 09/10.					

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II. Protection From Harm						
A. Supports and Services Center will meet basic care needs (e.g. adequate clothing and hygiene items and appropriate access to the same, timely and appropriate assistance with toileting and other hygiene needs, adequate and nutritious meals) for all residents.	Overall Compliance Level for Section II.A.:			Compliance	Partial Compliance	Not in Compliance
	Process Indicator 1: Facility has process(es) for ensuring that basic care needs are met for all residents ongoingly.					
	Process Indicator 2: Facility has process(es) for identifying and reporting failures to meet basic care needs.					
	Process Indicator 3: Facility has process(es) for investigating failures to meet basic care needs.					
	Process Indicator 4: Facility has process(es) for remediating failures to meet basic care needs.					
	Process Indicator 5: Facility analyzes data regarding failures to meet					

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	basic care needs.					
	Process Indicator 6: Facility has process(es) for initiating performance improvement if/when systemic issues related to meeting basic care needs are identified.					
	Process Indicator 7: 95% of corrective actions assigned to remediate failures to meet basic care needs completed within required timeframes for the past 12 months.					
	Outcome Indicator 1: Neglect allegations related to failure to meet basic care needs per month for past twelve months.					
	Outcome Indicator 2: Neglect confirmations related to failure to meet basic care needs per month					

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	for past twelve months.					
	Outcome Indicator 3: Zero individuals named as victim in more than one neglect confirmation related to failure to meet basic care needs in past 12 months.					
B. Supports and Services Center will safeguard all residents’ personal possessions.	Overall Compliance Level for Section II.B.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for ensuring that all residents’ personal possessions are safeguarded ongoingly.					
	Process Indicator 2: Facility has process(es) for identifying and reporting failures to safeguard residents’ personal possessions.					
	Process Indicator 3: Facility has process(es) for investigating failures to safeguard residents’ personal					

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	possessions.					
	Process Indicator 4: Facility has process(es) for remediating failures to safeguard personal possessions.					
	Process Indicator 5: Facility analyzes data regarding failures to safeguard residents’ personal possessions.					
	Process Indicator 6: Facility has process(es) for initiating performance improvement if/when systemic issues related to safeguarding residents’ personal possessions are identified.					
	Process Indicator 7: 95% of corrective actions assigned to remediate failures to safeguard					

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	residents’ personal possessions completed within required timeframes for the past 12 months.					
	Outcome Indicator 1: Abuse/neglect/exploitation allegations related to failure to safeguard residents’ personal property per month for the past 12 months.					
	Outcome Indicator 2: Abuse/neglect/exploitation confirmations related to failure to safeguard residents’ personal property per month for the past 12 months.					
	Outcome Indicator 3: Number of loss/stolen personal property reports per month for the past 12 months.					
	Outcome Indicator 4: Zero individuals named as					

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	victim in more than one abuse/neglect/ exploitation confirmation related to failure to safeguard personal property in past 12 months.					
C. Supports and Services Center will provide a safe and humane environment.	Overall Compliance Level for Section II.C.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for ensuring that all residents are provided a safe and humane environment/for preventing abuse/neglect.					
	Process Indicator 2: Facility has process(es) for identifying and reporting abuse/neglect. ⁴					
	Process Indicator 3: 95% of abuse/neglect allegations were reported timely in past 12 months.					
	Process Indicator 4: Facility has process(es) for protecting the victim(s) in abuse/neglect investigations.					

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	Process Indicator 5: Target staff removed from direct care immediately upon discovery/report of allegation in 100% of abuse/neglect investigations in the past 12 months.					
	Process Indicator 6: Facility has process(es) for preserving evidence in abuse/neglect investigations.					
	Process Indicator 7: Evidence was preserved properly in 95% of abuse/neglect investigations in the past 12 months.					
	Process Indicator 8: Facility has process(es) for investigating abuse/neglect.					
	Process Indicator 9: Facility has process(es) for remediating abuse/neglect.					

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	Process Indicator 10: 95% of corrective actions assigned to remediate abuse/neglect completed within required timeframes for the past 12 months.					
	Process Indicator 11: Facility analyzes data regarding abuse/neglect.					
	Process Indicator 12: Facility has process(es) for initiating performance improvement if/when systemic issues related to abuse/neglect are identified.					
	Outcome Indicator 1: Abuse/neglect allegations per month for the past 24 months.					
	Outcome Indicator 2: Abuse/neglect confirmations per month for the past 24 months.					

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	Outcome Indicator 3: Zero individuals named as victim in more than one abuse/neglect confirmation in the past 12 months.					
	Outcome Indicator 4: Zero individuals experienced ongoing harm as a result of staff’s delayed reporting of abuse/neglect in the past 12 months.					
D. Supports and Services Center completed criminal background checks prior to hiring staff to work with residents	Overall Compliance Level for Section II.D.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: 100% of prospective new employees had criminal background checks completed prior to starting work at the facility.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 1: 100% of prospective employees whose criminal background checks revealed employment barring offenses were not offered employment with the facility.					
E. Supports and Services Center implements a risk management process that includes the following: 1. documentation of all incidents as defined in policy 2. Individualized review of incidents meeting certain thresholds at specified levels within the agency to assure that those at higher risk receive interventions to eliminate risk factors 3. Oversight of the process on an individual basis by a clinical review committee 4. Tracking and analyzing patterns and trends of key risk indicators 5. Development of corrective	Overall Compliance Level for Section II.E.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility implements a risk management process which meets criteria listed (i.e. items 1-5 in Area column).					
	Process Indicator 2: Facility has process(es) for ensuring that all incidents are reported and reviewed per policy/procedure requirements.					
	Process Indicator 3: 95% of incidents crossing Interdisciplinary Team-level review thresholds in the past 12 months resulted in an Interdisciplinary Team					

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action plans as appropriate based upon 1-4.	review with appropriate documentation in the unified record.					
	Process Indicator 4: 100% of cases crossing Clinical Review Committee-level review thresholds in the past 12 months were referred to Clinical Review Committee for review.					
	Process Indicator 5: 95% of cases referred to Clinical Review Committee for review were reviewed within established timeframes.					
	Process Indicator 6: Facility has process(es) for developing and implementing corrective actions at the individual level (i.e. individual-specific corrective actions for incidents, Team level					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	reviews, and Clinical Review Committee level reviews).					
	Process Indicator 7: 95% of individual-specific corrective actions identified in 10% random sample of records completed within required timeframes.					
	Process Indicator 8: Facility has process(es) for tracking and analyzing aggregate key indicator data for trends and patterns.					
	Process Indicator 9: Facility has process(es) for initiating performance improvement if/when systemic issues related to key indicator data are identified.					
	Outcome Indicator 1: Appropriately stable or decreasing trend in the number of cases crossing					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Clinical Review Committee threshold per indicator per month for the past 12 months.					
	Outcome Indicator 2: Less than 20% of cases crossing Interdisciplinary Team-level review thresholds in the past 12 months have met the Clinical Review Committee threshold for review.					
	Outcome Indicator 3: Less than 10% of cases crossing Clinical Review Committee threshold in the past 12 months have met the Clinical Review Committee plus consultant threshold for review.					
	Outcome Indicator 4: Appropriately stable or decreasing rate of major injuries over the past 24					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	months.					
	Outcome Indictor 5: Appropriately stable or decreasing rate of falls over the past 24 months.					
	Outcome Indicator 6: Appropriately stable or decreasing rate of choking over the past 24 months.					
	Outcome Indicator 7: Appropriately stable or decreasing rate of hospitalizations over the past 24 months.					
	Outcome Indicator 8: Appropriately stable or decreasing rate of bowel obstruction over the past 24 months.					
	Outcome Indicator 9: Appropriately stable or decreasing rate of SIB over					

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	the past 24 months.					
	Outcome Indicator 10: Appropriately stable or decreasing rate of protective support use over the past 24 months.					
	Outcome Indicator 11: Appropriately stable or decreasing rate of altercations with injury over the past 24 months.					
	Outcome Indicator 12: Appropriately stable or decreasing rate of refractory seizures over the past 24 months.					

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III. Interdisciplinary Team Functioning						
A. Supports and Services Center completes an interdisciplinary evaluation at required intervals of each resident to determine specific areas in which each resident needs support, training, or other services.	Overall Compliance Level for Section III.A.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: In 95% of 10% random sample of records reviewed, each required discipline-specific assessment/evaluation was completed within the past 12 months.					
	Process Indicator 2: In 95% of 10% random sample of records reviewed, new/updated discipline-specific assessment/evaluation was conducted if/when the individual had a significant change in status.					
	Process Indicator 3: In 100% of 10% random sample of records reviewed, a clinical case formulation was present.					
	Process Indicator 4: In 95% of 10% random sample of records reviewed, Individualized Support Plan					

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	development/implementation timelines were met.					
	Outcomes Indicator 1: Score of 95% or higher on Assessment section of Individualized Supports Review ¹ per quarter for the past four quarters.					
	Outcomes Indicator 2: Score of 95% or higher on Assessment section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 3: Score of 95% or higher on Case Formulation section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 4: Score of 95% or higher on Case Formulation section of Individualized Supports Review completed during on-site review.					

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	Outcome Indicator 5: Score of 95% or higher on Timelines section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 6: Score of 95% or higher on Timelines section of Individualized Supports Review completed during on-site review.					
B. Supports and Services Center develops an individualized Individualized Support Plan for each resident based upon the interdisciplinary assessment	Overall Compliance Level for Section III.B.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: In 100% of 10% random sample of records reviewed, Individualized Support Plan was completed within the past 12 months.					
	Outcome Indicator 1: Score of 95% or higher on Support Planning section of Individualized Supports Review per quarter for the past four quarters.					

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	Outcome Indicator 2: Score of 95% or higher on Support Planning section of Individualized Supports Review completed during on-site review.					
C. Supports and Services Center develops and implements an Individualized Support Plan for each resident based upon the interdisciplinary assessment. The Individualized Support Plan should result in the following: 1. Increased skills acquisition 2. Decreased behavioral/psychiatric symptoms 3. Medical Stability 4. Increased Quality of Life	Overall Compliance Level for Section III.C.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: In 95% of 10% random sample of records reviewed, most recent Profile of Support was completed within the past 30 days/90 days per facility standard.					
	Process Indicator 2: The facility has process(es) for assessing the effectiveness of the Individualized Support Plan in increasing skill acquisition, decreasing behavioral/psychiatric symptoms, ensuring medical stability, and increasing quality of life.					

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	Process Indicator 3: Facility Individualized Supports Review Outcomes data achieves 90% inter-rater reliability with reviewer Individualized Supports Review scores.					
	Process Indicator 4: Facility Program Observation observer achieves 90% inter-rater reliability reviewer scores.					
	Outcome Indicator 1: Score of 95% or higher on Implementation section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Implementation section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 3:					

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	Score of 95% or higher on Monitoring section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 4: Score of 95% or higher on Monitoring section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 5: Score of 95% or higher Total Compliance on Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 6: Score of 95% or higher on Total Compliance on Individualized Supports Review completed during on-site review.					
	Outcome Indicator 7: Score of 95% or higher on Increased Skills Acquisition					

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	section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 8: Score of 95% or higher on Increased Skills Acquisition section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 9: Score of 95% or higher on Behavioral/Psychiatric Outcomes section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 10: Score of 95% or higher on Behavioral/Psychiatric section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 11: Score of 95% or higher on Medical Stability section of					

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	Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 12: Score of 95% or higher on Medical Stability section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 13: Score of 95% or higher on Quality of Life section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 14: Score of 95% or higher on Quality of Life section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 15: Score of 95% or higher per Program Observation indicator per quarter for the past four					

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	quarters.					
	Outcome Indicator 16: Score of 95% or higher per Program Observation indicator for Program Observations conducted during on-site review.					
D. Supports and Services Center provides support and training within the most integrated setting appropriate to each individual.	Overall Compliance Level for Section III.D.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for providing support and training within the most integrated setting appropriate to the individual.					
	Process Indicator 2: 90% of residents are currently enrolled in day services (i.e. day program and/or vocational program).					
	Process Indicator 3: Facility has a methodology for teaching day service curricula in community-based settings.					
	Process Indicator 4: Facility has process(es) for					

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	providing residents with at least 20 hour per week of active treatment.					
	Process Indicator 5: 90% of residents who participate in day services are currently scheduled to do so for four hours per day.					
	Process Indicator 6: All residents who are not currently enrolled in day services receive 20 hours of active treatment in the residential and/or community settings.					
	Process Indicator 7: Facility has process(es) for tracking residents’ actual day service attendance.					
	Process Indicator 8: 90% of residents who participate in day services have actually attended day services for an average of four hours per day					

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	over the past three months.					
	Process Indicator 9: All residents scheduled to participate four hours per day in day services but who did not actually participate in an average of four hours per day over the past three months received active treatment in the residential and/or community settings to meet the required 20 hours per week of active treatment.					
	Process Indicator 10: Facility has process(es) for involving the Interdisciplinary Team in selecting, monitoring, reviewing, and modifying the day service activities residents participate in.					
	Process Indicator 11: 90% alignment between day program classes and individual goals and objectives in the Individual Support Plans for 90%					

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	of day program participants sampled during the on-site review.					
	Process Indicator 12: Facility has process(es) for collecting and analyzing day services data (i.e. day program and vocational).					
	Process Indicator 13: Day program class/class curricula modified in response to lack of progress or regression in 90% of cases sampled during the on-site review.					
	Process Indicator 14: Facility allocates to day services the staffing, fiscal, physical plant, and other resources needed to meet the overall needs of the program and to develop learning environments that are contextually appropriate for the skills taught.					

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	Process Indicator 15: 90% match between contextual environment and individual skill(s) taught in day program settings observed during the on-site review.					
	Process Indicator 16: 90% match between contextual environment and vocational tasks carried out in vocational settings observed during the on-site review.					
	Process Indicator 17: Facility has process(es) for measuring, analyzing, and remediating problematic trends and patterns related to residents' engagement at day services.					
	Process Indicator 18: Facility staff responsible for conducting engagement observations at day services achieved 90% inter-rater reliability with reviewer during					

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	observations conducted during on –site visit.					
	Process Indicator 19: Facility has process(es) for ensuring that vocational program complies with applicable State and Federal standards.					
	Process Indicator 20: 95% of time and motion studies conducted in past 12 months meet Department of Labor standards.					
	Process Indicator 21: Facility has process(es) for developing job opportunities for residents that are non-traditional for people with developmental disabilities (i.e. opportunities other than paper shredding, janitorial, etc.).					
	Process Indicator 22: Facility has process(es) in place to provide meaningful activities					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	in the residential milieu that foster engagement and facilitate incidental learning opportunities that are linked to residents’ support plans.					
	Process Indicator 23: Facility has process(es) in place to provide meaningful activities in the community milieu that foster engagement and facilitate learning opportunities that are linked to residents’ support plans.					
	Outcome Indicator 1: Transformation Work Plan target met for percentage of residents receiving at least eight hours per month of community-based learning opportunities.					
	Outcome Indicator 2: Percentage of residents participating in community-based instruction at least once per month has increased over the					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	past 12 months.					
	Outcome Indicator 3: Number of hours of day service-initiated community integration activity per month has increased over the past 12 months.					
	Outcome Indicator 4: Transformation Work Plan target met for percentage of residents working in community-based jobs.					
	Outcome Indicator 5: Percentage of residents enrolled in vocational program has remained stable or increased over the past 12 months.					
	Outcome Indicator 6: Percentage of jobs comprised primarily of non-traditional intellectual disability tasks has increased over the past 12 months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 7: Score of 80% or higher engagement on meaningful engagement observations conducted in day service setting(s) per quarter for the past four quarters.					
	Outcome Indicator 8: Score of 80% or higher engagement on meaningful engagement observations conducted in day service setting(s) during on-site review.					
E. Supports and Services Center requires attendance and participation in Interdisciplinary Team meetings by all appropriate Interdisciplinary Team members.	Overall Compliance Level for Section III.E.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for tracking and analyzing attendance at Interdisciplinary Team meetings by all appropriate Interdisciplinary Team members.					
	Process Indicator 2: 95% of all Interdisciplinary Team meetings held in the past 12 months were attended by 95%					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	of core Interdisciplinary Team members.					
	Process Indicator 3: Facility has process(es) for tracking and analyzing participation in Interdisciplinary Team meetings by all appropriate Interdisciplinary Team members.					
	Process Indicator 4: Facility has process(es) for remediating problematic trends and patterns in Interdisciplinary Team member attendance and/or participation.					
	Outcome Indicator 1: Actions to resolve issues identified in Interdisciplinary Team meetings were delayed due to lack of Team member attendance in less than 20% of cases reviewed during on-site visit.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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IV. Psychological Services						
	Overall Compliance Level for Section IV.A.:	Compliance		Partial Compliance		Not in Compliance
A. Supports and Services Center completes functional behavioral assessments that include the following: 1. Description of the behavior 2. Collection and review of empirical data 3. Assessment of the behavioral frequency, topography, intensity, duration, and severity 4. Evaluation of environmental factors that may contribute to the behavior 5. Evaluation of antecedents, consequences, and function(s) of the behavior 6. Assessment of any medical, nursing, mental health, or other conditions related to the behavior (should reference assessment methodology—i.e. how was this done—not just have a	Process Indicator 1: In 95% of 10% random sample of records reviewed, a current functional behavioral assessment including the required elements is present for residents with targeted challenging behaviors.					
	Process Indicator 2: Facility has process(es) for assessing the clinical adequacy of functional behavioral assessments.					
	Process Indicator 3: Facility has process(es) requiring ongoing observation, review of data, and revisions to the behavioral assessment throughout the year as needed.					
	Process Indicator 4: In 95% of 10% random					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
simple statement that these factors are not related). 7. Treatment hypotheses and recommendations	sample of records reviewed (Profile of Support progress entries), evidence of ongoing observation, review of data, and revisions to the behavioral assessment is present in the resident’s unified record as appropriate.					
	Process Indicator 5: In 95% of selected sample records reviewed (i.e. residents who crossed certain behavior-related risk management thresholds) there is evidence of corrective actions taken to reduce the resident’s risk of harm to self or others inclusive of additional assessments.					
	Outcome Indicator 1: Score of 95% or higher on Functional Assessment section of Positive Behavior Support/Psychiatry Services ⁵ review tool per quarter for the past four quarters.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 2: Score of 95% or higher on Functional Assessment section of Positive Behavior Support/Psychiatry Services review tool conducted during the on-site review.					
B. For all individuals identified as requiring behavioral/psychological supports, a positive behavior support plan is developed which includes the following: 1. definition of the specific, measurable, objective behavior to increase/decrease 2. incorporation of the individualized functional analysis such that there is	Overall Compliance Level for Section IV.B.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: In 95% of 10% random sample of records reviewed, a current positive behavior support plan including the required elements is present for residents identified as requiring behavioral/psychological supports.					
	Process Indicator 2: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
consistency of information across the assessment and plan documents and the FA information is used in formulating the behavioral strategies 3. incorporation of the medical and/or psychiatric disorders that impact the behavioral problems to include strategies for staff response to mental health symptoms/episodes, use of more typical mental health treatment options as appropriate, and thresholds for response to medical issues 4. Procedures for staff to follow to decrease the occurrence of challenging behavior 5. Skills and positive/adaptive behaviors (including replacement behaviors and teaching of more general skills related to personal	assessing the clinical adequacy of positive behavior support plans.					
	Process Indicator 3: Facility has process(es) requiring ongoing observation, review of data, and revisions to the positive behavior support plan throughout the year as needed.					
	Process Indicator 4: In 95% of 10% random sample of records reviewed (Profile of Support progress entries), evidence of ongoing observation, review of data, and revisions to the positive behavior support plan is present in the resident’s unified record as appropriate.					
	Process Indicator 5: In 95% of selected sample records reviewed (i.e. residents who crossed certain behavior-related risk management thresholds)					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
outcomes issues important to the person) to be taught 6. Environmental changes to promote the development of positive/adaptive behaviors 7. Individualized reinforcers/ preferences 8. Adequate data collection procedures for challenging behaviors, mental health symptoms, related medical issues (if appropriate), and adaptive skills	there is evidence of corrective actions taken to reduce the resident’s risk of harm to self or others inclusive of revision(s) to positive behavior support plan.					
	Outcome Indicator 1: Score of 95% or higher on PBS Procedures section of Positive Behavior Support/Psychiatry Services review tool per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on PBS Procedures section of Positive Behavior Support/Psychiatry Services review tool conducted during the on-site review.					
	Outcome Indicator 3: Less than 20% of residents crossing Team-level behavior-related risk management threshold(s)					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	crossed corresponding Clinical Review Committee-level threshold(s).					
	Outcome Indicator 4: Less than 10% of residents crossing Clinical Review Committee-level behavior-related risk management threshold(s) crossed corresponding Clinical Review Committee plus consultant-level threshold(s).					
	Outcome Indicator 5: Stable or decreasing rate of injuries resulting from SIB over the past 12 months.					
	Outcome Indicator 6: Stable or decreasing rate of injuries resulting from client-to-client altercations over the past 12 months.					
	Outcome Indicator 7: Stable or decreasing rate of pica-related incidents over the past 12 months.					
	Outcome Indicator 8: Stable or decreasing rate of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	complications related to rumination over the past 12 months.					
	Outcome Indicator 9: Stable or decreasing rate of behavioral protective support use over the past 12 months.					
C. Supports and Services Center will implement above noted plans with the following results: 1. Increased skills acquisition 2. Decreased behavioral/psychiatric symptoms 3. Increased Quality of Life	Overall Compliance Level for Section IV.C.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for monitoring implementation of positive behavior support plans.					
	Process Indicator 2: Facility Program Observation observer achieves 90% inter-rater reliability reviewer scores.					
	Process Indicator 3: In 95% of 10% random sample of Profile of Support progress entries reviewed there is evidence that Program Observations were completed per facility standards.					
	Process Indicator 4:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Facility Behavior Drill data achieves 90% inter-rater reliability with reviewer Behavior Drill scores.					
	Process Indicator 5: In 95% of 10% random sample of Profile of Support progress entries reviewed there is evidence that Behavior Drills were completed per facility standards.					
	Process Indicator 6: Facility Individualized Supports Review Outcomes data achieves 90% inter-rater reliability with reviewer Individualized Supports Review scores.					
	Process Indicator 7: Facility Positive Behavior Support/Psychiatry Services Outcomes data achieves 90% inter-rater reliability with reviewer Positive Behavior Support/Psychiatry Services					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	scores.					
	Process Indicator 8: Facility has process(es) for monitoring residents’ progress toward mastery of learning based supports.					
	Outcome Indicator 1: Score of 95% or higher on Increased Skills Acquisition section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Increased Skills Acquisition section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 3: Score of 95% or higher on Behavioral/Psychiatric Outcomes section of Individualized Supports Review per quarter for the past four quarters.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 4: Score of 95% or higher on Behavioral/Psychiatric Outcomes section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 5: Score of 95% or higher on Quality of Life section of Individualized Supports Review per quarter for the past four quarters.					
	Outcome Indicator 6: Score of 95% or higher on Monitoring section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 7: Score of 95% or higher Total Compliance on Individualized Supports					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Review per quarter for the past four quarters.					
	Outcome Indicator 8: Score of 95% or higher on Total Compliance on Individualized Supports Review completed during on-site review.					
	Outcome Indicator 9: Score of 95% or higher on Quality of Life section of Individualized Supports Review completed during on-site review.					
	Outcome Indicator 10: Score of 95% or higher per Program Observation indicator per quarter for the past four quarters.					
	Outcome Indicator 11: Stable or increasing trend in percentage of learning based supports with progress toward mastery per month over the past 6 months.					
	Outcome Indicator 12:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Score of 95% or higher on Program Observations conducted by reviewer during on-site review.					
	Outcome Indicator 13: Score of 95% or higher on Behavior Drills conducted by reviewer during on-site review.					
D. Supports and Services Center will maintain a Behavior Intervention Committee to review restrictive behavioral programs.	Overall Compliance Level for Section IV.D.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has a Behavior Intervention Committee which reviews restrictive behavioral programs.					
	Process Indicator 2: Behavior Intervention Committee uses an appropriate review tool to evaluate restrictive behavioral programs.					
	Process Indicator 3: Behavior Intervention Committee chairperson achieves 90% inter-rater reliability with reviewer on plans reviewed during on-					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	site review.					
	Process Indicator 4: Behavior Intervention Committee minutes reflect critical review of restrictive behavioral plans.					
	Outcome Indicator 1: Score of 95% or higher on Positive Behavior Support/Psychiatry Services completed as part of Behavior Intervention Committee review process per quarter for the past four quarters.					
	Outcome Indicator 2: Stable or decreasing rate of plans incorporating use of overcorrection per month for the past 24 months.					
	Outcome Indicator 3: Stable or decreasing rate of plans incorporating use of Time Out Type IV per month for the past 24 months.					
	Outcome Indicator 4: Stable or decreasing rate of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	plans incorporating use of response cost per month for the past 24 months.					
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V. Protective Supports and Procedures						
	Overall Compliance Level for Section V.A.:	Compliance		Partial Compliance		Not in Compliance
A. Supports and Services Center will reduce use of behavioral protective supports and procedures	Process Indicator 1: Facility has process(es) for reducing the use of behavioral protective supports and procedures.					
	Process Indicator 2: Facility analyzes behavioral protective support and procedure data.					
	Process Indicator 3: Facility has process(es) for initiating performance improvement if/when systemic issues related to behavioral protective support and procedure use are identified.					
	Process Indicator 4: Facility has process(es) for initiating corrective actions if/when individual-specific					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	issues related to behavioral protective support and procedure use are identified.					
	Outcome Indicator 1: Decreasing rate of behavioral protective support use over the past 24 months.					
	Outcome Indicator 2: Data on frequency of protective support use for 90% of individuals subject to behavioral protective support use in the past 12 months reflect a stable or decreasing trend.					
	Outcome Indicator 3: Data on duration of protective support use for 90% of individuals subject to behavioral protective support use in the past 12 months reflect a stable or decreasing trend.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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B. For each use of Behavioral Protective Supports assure that the following occurs and is documented: <div>1. Individual is provided with continuous visual supervision as evidenced by 15 minute documented behavioral status</div> <div>2. Immediate notification of the on-site supervisor</div> <div>3. Notification and approval by a psychologist</div> <div>4. Timely assessment by a nurse</div> <div>5. Checks for vital signs, respiration, circulation, and mental status every hour</div> <div>6. Opportunities for exercise if longer than 50 minutes</div> <div>7. Opportunities for toileting, eating, and drinking if longer than 50 minutes</div> <div>8. Release once no longer an immediate danger to self or</div>	Overall Compliance Level for Section V.B.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) to assure that all required actions occur and are documented for each use of behavioral protective supports.					
	Process Indicator 2: 95% of required actions are conducted and documented in 95% of behavioral protective support uses in the past 12 months based on review of behavioral protective support forms.					
	Process Indicator 3: Facility has process(es) for identifying and evaluating staff failure to conduct and/or document required actions for behavioral protective support uses.					
	Process Indicator 4: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
others 9. Review of restraint by psychologist within 1 working day 10. Review by Interdisciplinary Team within 30 days	initiating performance improvement if/when systemic issues related to conduct and/or documentation of required actions for behavioral protective support uses are identified.					
	Process Indicator 5: Facility has process(es) for initiating corrective actions if/when individual-specific issues related to conduct and/or documentation of required actions for behavioral protective support uses are identified.					
	Outcome Indicator 1: Zero deaths resulting from behavioral protective support use in the past 12 months.					
	Outcome Indicator 2: Zero major injuries resulting from behavioral protective support use in the past 12 months.					
	Outcome Indicator 3:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Zero medical emergencies or complications resulting from behavioral protective support use in the past 12 months.					
C. Supports and Services Center will reduce use of medical protective supports and procedures	Overall Compliance Level for Section V.C.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has process(es) for reducing the use of medical protective supports and procedures.					
	Process Indicator 2: Interdisciplinary Teams develop, implement, monitor, and revise desensitization plans as appropriate to reduce individual residents' need for medical protective support use.					
	Process Indicator 3: Facility analyzes medical protective support and procedure data including by practitioner, by clinic, and by protective support type.					
	Process Indicator 4: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	initiating performance improvement if/when systemic issues related to medical protective support and procedure use are identified.					
	Process Indicator 5: Facility has process(es) for initiating corrective actions if/when individual-specific issues related to medical protective support and procedure use are identified.					
	Outcome Indicator 1: Decreasing rate of medical protective support use over the past 24 months.					
	Outcome Indicator 2: Data on frequency of protective support use for 90% of individuals subject to medical protective support use in the past 12 months reflect a stable or decreasing trend.					
	Outcome Indicator 3: Data on duration of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	protective support use for 90% of individuals subject to medical protective support use in the past 12 months reflect a stable or decreasing trend.					

VI. Psychiatric Services						
A. Supports and Services Center will conduct a comprehensive assessment at required time intervals for each resident who has a mental health diagnosis and/or receives psychotropic medication. The assessment should include the following: 1. Diagnostic formulation for each DSM-IV-TR diagnosis 2. Review of medication regimen 3. Consultation with the psychologist to address behavioral issues 4. Consultation with the Interdisciplinary Team to complete a risk analysis 5. A medication and	Overall Compliance Level for Section VI.A.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for management of psychiatric services inclusive of required time intervals for and required elements of comprehensive assessments for each resident who has a mental health diagnosis and/or receives psychotropic medication.					
	Process Indicator 2: 95% of unified records reviewed for residents who have a mental health diagnosis and/or receive psychotropic medication include a current					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
monitoring plan 6. Justification of use of polypharmacy	comprehensive psychiatric assessment per facility guidelines.					
	Process Indicator 3: 95% of comprehensive psychiatric assessments reviewed during the on-site review contain all of the required elements.					
	Process Indicator 4: Facility has process(es) for evaluation of clinical adequacy of comprehensive psychiatric assessments.					
	Process Indicator 5: Facility staff responsible for evaluation of comprehensive psychiatric assessments for clinical adequacy achieves 90% or higher inter-rater reliability with reviewer using Positive Behavior Support/Psychiatry Services ⁵ tool.					
	Outcome Indicator 1: Score of 95% or higher on Psychiatric Services section					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	of Positive Behavior Support/Psychiatry Services per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Psychiatric Services section of Positive Behavior Support/Psychiatry Services conducted during on-site review.					
	Outcome Indicator 3: Rate of traditional antipsychotic medication use is consistent with the expectation based upon rate of mental health conditions for which traditional antipsychotics are considered appropriate treatment (i.e. match between medication use and mental health diagnosis).					
	Outcome Indicator 4: Rate of atypical antipsychotic medication use is consistent with the					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	expectation based upon rate of mental health conditions for which atypical antipsychotics are considered appropriate treatment (i.e. match between medication use and mental health diagnosis).					
	Outcome Indicator 5: Rate of antidepressant medication use is consistent with the expectation based upon rate of mental health conditions for which antidepressants are considered appropriate treatment (i.e. match between medication use and mental health diagnosis).					
	Outcome Indicator 6: Rate of anti-anxiety medication use is consistent with the expectation based upon rate of mental health conditions for which anti-anxiety medications are considered appropriate					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	treatment (i.e. match between medication use and mental health diagnosis).					
	Outcome Indicator 7: Rate of mood stabilizer medication use is consistent with the expectation based upon rate of mental health conditions for which mood stabilizers are considered appropriate treatment (i.e. match between medication use and mental health diagnosis).					
	Outcome Indicator 8: Rate of other psychotropic medication use is consistent with the expectation based upon rate of mental health conditions for which the other psychotropic medications are considered appropriate treatment (i.e. match between medication use and mental health diagnosis).					
	Outcome Indicator 9:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Stable, decreasing, or justifiably increasing psychotropic prevalence rate over the past 24 months.					
	Outcome Indicator 10: Stable, decreasing, or justifiably increasing rate of psychotropic intraclass polypharmacy over the past 24 months.					
	Outcome Indicator 11: Stable, decreasing, or justifiably increasing rate of psychotropic interclass polypharmacy over the past 24 months.					
	Outcome Indicator 12: Zero uses of PRN psychotropic medications in the past 12 months.					
	Outcome Indicator 13: Stable, decreasing, or justifiably increasing rate of psychotropic medication use for behavior control over the past 24 months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
B. Supports and Services Center shall ensure that informed consent is in place for all psychotropic medications in use at the facility.	Overall Compliance Level for Section VI.B.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has process(es) for obtaining and maintaining informed consent for all psychotropic medications in use at the facility.					
	Outcome Indicator 1: Documentation of current informed consent is present in 100% of records for individuals receiving psychotropic medications.					
C. Supports and Services Center shall implement a Drug Use Evaluation system to regularly monitor resident’s medications	Overall Compliance Level for Section VI.C.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has a Drug Use Evaluation system which facilitates regular monitoring of residents’ medications.					
	Process Indicator 2: Facility has a Drug Use Evaluation system which facilitates correction of individual-specific and systemic issues identified as a result of the monitoring of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	residents’ medications.					
	Process Indicator 3: In 95% of cases where Drug Use Evaluation revealed an individual-specific issue within the past 12 months the issue was corrected/resolved within 30 days.					
	Process Indicator 4: 95% of systemic issues identified through the Drug Use Evaluation process within the past 12 months were corrected/ resolved within 90 days.					
	Process Indicator 5: Facility staff responsible for conducting Drug Use Evaluations achieves 95% inter-rater reliability with reviewer.					
	Outcome Indicator 1: Appropriately stable or decreasing rate of individual-specific issues identified through the Drug Use Evaluation process over the					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	past 12 months.					
	Outcome Indicator 2: Appropriately stable or decreasing rate of systemic issues identified through the Drug Use Evaluation process over the past 12 months.					
	Outcome Indicator 3: Zero deaths resulting from medication issues identified through the Drug Use Evaluation process.					
	Outcome Indicator 4: Zero serious complications resulting from medication issues identified through the Drug Use Evaluation process.					
D. Psychiatrist will complete a review of the individual’s medication regimen, symptom presentation, and effectiveness of treatment plan at least quarterly	Overall Compliance Level for Section VI.D.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) requiring at least quarterly review of the individual’s medication regimen, symptom presentation, and effectiveness of treatment plan by a qualified					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	psychiatrist.					
	Process Indicator 2: 95% of unified records reviewed for residents who have a mental health diagnosis and/or receive psychotropic medication include documentation of a psychiatric review within the past 90 days.					
	Process Indicator 3: 95% of quarterly psychiatric reassessments reviewed during the on-site review contain all of the required elements.					
	Process Indicator 4: Facility has process(es) for incorporating information from quarterly psychiatric reassessments into the residents' Profile of Support progress entries.					
	Process Indicator 5: Facility has process(es) for ensuring that information from other disciplines is					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	reviewed by the psychiatrist and that interventions indicate coordination across disciplines.					
	Process Indicator 5: Appropriate information from 95% of quarterly psychiatric reassessments reviewed during the on-site review is incorporated into the residents' Profile of Support progress entries.					
	Outcome Indicator 1: 95% of residents in the 10% sample reviewed during the on-site visit have experienced a reduction in mental health index behaviors over the past 12 months.					
E. Supports and Services Center Psychiatrist with Interdisciplinary Team conducts monitoring of side effects for each individual.	Overall Compliance Level for Section VI.E.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for monitoring medication side effects for each individual quarterly or more frequently if indicated.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Process Indicator 2: In 95% of the 10% sample reviewed during the on-site visit there is documentation of monitoring for medication side effects within the past 90 days.					
	Process Indicator 3: Facility has process(es) for training staff on medication side effects.					
	Process Indicator 4: 95% of 10% random sample of staff training records reviewed during on-site visit reveal evidence of the staff being trained on recognizing and reporting medication side effects.					
	Process Indicator 5: Facility has process(es) for reporting medication side effects/adverse drug reactions.					
	Process Indicator 6: 95% of medication side					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	effects/adverse drug reactions identified during on-site review were reported per facility requirements.					
	Process Indicator 7: Facility has process(es) for incorporating medication side effect monitoring and reporting information into residents’ Profile of Support progress entries.					
	Process Indicator 8: In 95% of the 10% sample reviewed during the on-site visit medication side effect monitoring and reporting information is incorporated into the residents’ Profile of Support progress entries.					
	Process Indicator 9: Facility has process(es) for conducting intensive case analyses for any serious medication side effects/ adverse drug reactions.					
	Outcome Indicator 1: 90% of reported medication					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	side effects/ adverse drug reactions addressed/resolved within 30 days.					
	Outcome Indicator 2: Zero deaths resulting from medication side effects within the past 12 months.					
	Outcome Indicator 3: Zero hospitalizations resulting from medication side effects within the past 12 months.					
	Outcome Indicator 4: Appropriately stable rate of reported adverse drug reactions over the past 24 months.					
F. Chemical protective supports and procedures are only used in emergent situation with the following protocol followed: 1. On site supervisor notified 2. Psychologist and Psychiatrist (or Primary Care Practitioner if after hours) consult on need for use	Overall Compliance Level for Section VI.F.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) to assure that all required actions occur and are documented for each use of behavioral chemical protective supports.					
	Process Indicator 2: 100% of required actions are					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
3. Individual is observed by Primary Care Practitioner following use 4. Psychologist reviews use within 24 hours 5. Interdisciplinary Team reviews use within 24 hours	conducted and documented in 100% of behavioral chemical protective support uses in the past 12 months based on review of behavioral protective support forms.					
	Process Indicator 3: Facility has process(es) for identifying and evaluating staff failure to conduct and/or document required actions for behavioral chemical protective support uses.					
	Process Indicator 4: Facility has process(es) for initiating performance improvement if/when systemic issues related to conduct and/or documentation of required actions for behavioral chemical protective support uses are identified.					
	Process Indicator 5: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	initiating corrective actions if/when individual-specific issues related to conduct and/or documentation of required actions for behavioral chemical protective support uses are identified.					
	Outcome Indicator 1: Zero deaths resulting from behavioral chemical protective support use in the past 12 months.					
	Outcome Indicator 2: Zero major injuries resulting from behavioral chemical protective support use in the past 12 months.					
	Outcome Indicator 3: Zero medical emergencies or complications resulting from behavioral protective support use in the past 12 months.					
	Outcome Indicator 4: Zero individuals subject to behavioral chemical protective support use more					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	than two times in the past 12 months.					
	Outcome Indicator 5: Stable or decreasing rate of behavioral chemical protective support use over the past 24 months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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VII. Medical/Dental Services						
A. Supports and Services Center will maintain and implement preventive healthcare policies	Overall Compliance Level for Section VII.A.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has implemented preventive healthcare policies.					
	Process Indicator 2: In 95% of 10% random sample of health records reviewed there is evidence of compliance with at least 95% of applicable preventive healthcare standards identified in facility policies.					
	Process Indicator 3: Facility has process(es) for evaluating compliance with preventive health care standards identified in facility policies.					
	Process Indicator 4: Facility has process(es) for initiating corrective action if/when individual-specific issues related to compliance with preventive health care					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	standards are identified.					
	Process Indicator 5: Facility has process(es) for initiating performance improvement if/when systemic issues related to compliance with preventive health care standards are identified.					
	Outcome Indicator 1: Decreasing rate of cancers diagnosed at Stage II or later over the past 12 months.					
	Outcome Indicator 2: Decreasing rate of new onset cardiovascular disease over the past 12 months.					
	Outcome Indicator 3: Decreasing rate of new Diabetes Mellitus diagnoses over the past 12 months.					
B. Supports and Services Center will conduct comprehensive healthcare evaluations to include <ol style="list-style-type: none">determination of reliable medical diagnosesassess risk factors for each	Overall Compliance Level for Section VII.B.:	CompliancePartial ComplianceNot in Compliance				
	Process Indicator 1: Facility has process(es) for conducting comprehensive health care evaluations at regular intervals and					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
individual 3. Determine needed health care services	including required elements (i.e. items 1-3 noted in Area column).					
	Process Indicator 2: In 95% of 10% sample of records reviewed during on-site visit there is a current comprehensive health care evaluation.					
	Process Indicator 3: Comprehensive health care evaluations in 95% of 10% sample of records reviewed include all required elements.					
	Process Indicator 4: Facility has process(es) for evaluating the clinical adequacy of comprehensive health care evaluations.					
	Process Indicator 5: Facility staff who completes Health Services Review Checklists (Health Services Review) ⁶ achieves 90% inter-rater reliability with reviewer.					
	Outcome Indicator 1:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Score of 95% or higher on Health Services Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Health Services Reviews conducted by reviewer during on-site review.					
C. For all individuals with seizure disorder diagnoses, Supports and Services Center will assure each receives a comprehensive evaluation by a neurologist at least annually. Assessment should document the following: 1. rationale for use of each Anti-Epileptic Drug 2. rational for use of polypharmacy 3. in consultation with Interdisciplinary Team, a risk analysis 4. rationale for continued use of Anti-Epileptic Drugs in individuals who have been seizure free for 2 year or	Overall Compliance Level for Section VII.C.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for assuring that each individual with a seizure disorder diagnosis receives a comprehensive evaluation by a neurologist at least annually.					
	Process Indicator 2: In 95% of 10% sample of records reviewed during on-site visit there is evidence of a comprehensive neurology evaluation within the past 12 months.					
	Process Indicator 3: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
longer	assuring that comprehensive neurology evaluations include and document all required elements (i.e. items 1-4 in Area column).					
	Process Indicator 4: Comprehensive neurology evaluations in 95% of 10% random sample of records reviewed include all required elements (i.e. items 1-4 in Area column).					
	Process Indicator 5: Facility has process(es) which facilitate collaboration between the neurologist and the Interdisciplinary Team for completion of a risk analysis related to seizure management.					
	Process Indicator 6: In 95% of 10% sample of records reviewed during on-site visit there is evidence of collaboration between the neurologist and Interdisciplinary Team					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	resulting in a risk analysis related to seizure management.					
	Process Indicator 7: Facility has process(es) requiring risk-benefit analysis of discontinuing Anti-Epileptic Drug(s) when a resident has been seizure free for 2 years and at regular intervals thereafter.					
	Process Indicator 8: In 95% of 10% sample of records reviewed during on-site visit there is evidence of a current (as defined by facility process) risk-benefit analysis of discontinuing Anti-Epileptic Drug(s) for residents who have been seizure free for two or more years who continue to receive Anti-Epileptic Drug(s).					
	Process Indicator 9: Facility has process(es) for evaluating the clinical					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	adequacy of neurology evaluations.					
	Process Indicator 10: Facility staff responsible for conducting Health Services Reviews achieves 90% inter-rater reliability with reviewer.					
	Outcome Indicator 1: Score of 95% or higher on Neurology Services section of Health Services Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Neurology Services section of Health Services Reviews completed by reviewer during on-site review.					
	Outcome Indicator 3: Stable or decreasing rate of individuals receiving Anti-Epileptic Drug medication(s) who have been seizure free for two or more years over the past 24 months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 4: Stable or decreasing rate of Phenobarbital use over the past 24 months.					
	Outcome Indicator 5: Stable or decreasing rate of Dilantin use over the past 24 months.					
	Outcome Indicator 6: Stable or decreasing rate of Mysoline use over the past 24 months.					
	Outcome Indicator 7: Stable or decreasing rate of Anti-Epileptic Drug polypharmacy over the past 24 months.					
D. Assure that individuals with refractory seizures (i.e., 10 or more within past 12 months) receive aggressive neurological interventions (seriously and thoughtfully considering and attempting treatment options including consideration of newer, perhaps more invasive treatments) by a qualified neurologist	Overall Compliance Level for Section VII.D.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for identifying residents with refractory seizures.					
	Process Indicator 2: Facility has process(es) for assuring that residents with refractory seizures receive neurological reassessments					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	and interventions based on the person’s clinical presentation.					
	Process Indicator 3: 90% of individuals with refractory seizures have been evaluated by a neurologist within the past six months.					
	Process Indicator 4: 90% of individuals with refractory seizures have been considered and/or evaluated for possible Vagal Nerve Stimulator placement.					
	Process Indicator 5: Facility has process(es) for assuring that pertinent information from neurological evaluations for residents with refractory seizures is incorporated into the residents’ Profile of Support progress entries.					
	Process Indicator 6: In 95% of 10% sample of records reviewed (of residents with refractory					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	seizures) there is evidence that pertinent information from neurological evaluations was incorporated into the residents' Profile of Support progress entries.					
	Outcome Indicator 1: 95% of residents on the refractory seizure list have a stable or decreasing rate of seizures over the past 24 months.					
	Outcome Indicator 2: 95% of individuals diagnosed with refractory seizures within the past 12 months have been evaluated for VNS placement within 6 months of diagnosis (or, if diagnosed within past 6 months, are in the VNS evaluation process).					
	Outcome Indicator 3: 100% of individuals diagnosed with refractory seizures for greater than 12 months have been evaluated					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	for VNS placement or are in the evaluation process.					
E. Supports and Services Center will develop and implement an integrated healthcare plan as part of the ISP. The healthcare plan will include the following: 1. Treatment for each medical diagnosis 2. Supports to remediate any identified at risk variables 3. Monitoring procedures for implementation of the plan	Overall Compliance Level for Section VII.E.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for developing integrated health care plans as part of the Individualized Support Plan process.					
	Process Indicator 2: In 95% of 10% sample of records reviewed during on-site visit there is evidence that an integrated health care plan was developed as part of the Individualized Support Plan process.					
	Process Indicator 3: Facility has process(es) for assuring that the required elements (i.e. items 1-3 in Area column) are included in the health care plans.					
	Process Indicator 4: 95% of integrated health care plans in 10% sample of records reviewed during on-					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	site visit include all required elements (i.e. items 1-3 in Area column).					
	Process Indicator 5: Facility has process(es) for implementing health care plans.					
	Process Indicator 6: In 95% of 10% sample of records reviewed during on-site review there is evidence that health care plans have been implemented as written.					
	Process Indicator 7: Facility has process(es) for monitoring implementation of health care plans.					
	Process Indicator 8: Facility has process(es) for initiating performance improvement if/when systemic issues related to implementation of health care plans are identified.					
	Outcome Indicator 1: Score of 95% or higher on Health Care Plans section of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Health Services Review ⁶ per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Health Care Plans section of Health Services Reviews conducted during on-site review.					
F. Supports and Services Center to monitor overall quality of healthcare and develop corrective actions plans as needed to address any identified trends and problems	Overall Compliance Level for Section VII.F.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for monitoring overall quality of health care.					
	Process Indicator 2: Facility analyzes aggregate health care data.					
	Process Indicator 3: Facility has process(es) for initiating performance improvement if/when problematic systemic trends or patterns are identified related to health care.					
	Outcome Indicator 1: Score of 95% or higher on Health Services Review per					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	quarter for past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Health Services Reviews conducted during on-site review.					
	Outcome Indicator 3: Appropriately stable or decreasing rate of pneumonia over the past 24 months.					
	Outcome Indicator 4: Appropriately stable or decreasing rate of decubitus over the past 24 months.					
	Outcome Indicator 5: Appropriately stable or decreasing rate of UTIs over the past 24 months.					
	Outcome Indicator 6: Facility rate of deaths is consistent with national benchmark over the past 24 months.					
	Outcome Indicator 7: Appropriately stable or decreasing rate of hospitalizations over the past					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	24 months.					
	Outcome Indicator 8: Appropriately stable or decreasing rate of bowel obstructions over the past 24 months.					
G. Supports and Services Center provides adequate dental and oral hygiene care for all residents	Overall Compliance Level for Section VII.G.:	Compliance		Partial Compliance	Not in Compliance	
	Process Indicator 1: Facility has process(es) for providing adequate dental care for all residents.					
	Process Indicator 2: 95% of residents with teeth have had a dental assessment in the last 9 months.					
	Process Indicator 3: Facility has process(es) for providing adequate oral hygiene care for all residents.					
	Process Indicator 4: Facility has process(es) for monitoring provision of adequate oral hygiene care for all residents.					
	Process Indicator 5: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	use of protective supports and procedures to facilitate completion of oral hygiene care.					
	Process Indicator 6: Facility analyzes data related to use of oral hygiene protective supports and procedures.					
	Process Indicator 7: Facility has process(es) for initiating performance improvement if/when systemic issues are identified related to dental and/or oral hygiene care.					
	Process Indicator 8: Facility has process(es) for initiating corrective action if/when individual-specific issues are identified related to dental and/or oral hygiene care.					
	Outcome Indicator 1: Stable or increasing rate of good oral hygiene over the past 24 months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 2: Stable or decreasing rate poor oral hygiene over the past 24 months.					
	Outcome Indicator 3: Stable or decreasing rate of oral hygiene protective support use over the past 24 months.					
	Outcome Indicator 4: 90% of residents identified in the past year as having a need for restorative dental care received the needed care within 90 days.					
	Overall Compliance Level for Section VII.H.: Compliance Partial Compliance Not in Compliance					
H. Supports and Services Center maintains a system for drug alerts	Process Indicator 1: Facility has a functional drug alert system.					
	Process Indicator 2: Facility has process(es) for responding appropriately and in a timely manner to drug alerts.					
	Process Indicator 3: Pharmacy and Therapeutics Committee (P&T					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Committee) minutes reflect review and discussion of drug alerts on at least a quarterly basis.					
	Outcome Indicator 1: Zero deaths resulting from failure to respond appropriately and timely to a drug alert in the past 12 months.					
	Outcome Indicator 2: Zero hospitalizations resulting from failure to respond appropriately and timely to a drug alert in the past 12 months.					
	Outcome Indicator 3: Zero medical emergencies resulting from failure to respond appropriately and timely to a drug alert in the past 12 months.					
I. Supports and Services Center completes mortality review for all deaths and completes all needed corrective actions based upon the review	Overall Compliance Level for Section VII.I.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for conducting initial in-house mortality review within					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	required timeframes.					
	Process Indicator 2: Initial in-house mortality review completed within required timeframes for 95% of deaths in the past 12 months.					
	Process Indicator 3: Facility has process(es) for facilitating external mortality review within required timeframes.					
	Process Indicator 4: External mortality review completed within required timeframes for 95% of deaths in the past 12 months.					
	Process Indicator 5: Facility has process(es) for requesting authorization for autopsy each time that a resident dies.					
	Process Indicator 6: For 95% of deaths in the past 12 months there is evidence in the resident’s unified record that authorization for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	autopsy was requested.					
	Process Indicator 7: Facility has process(es) for conducting follow-up mortality review within required timeframes.					
	Process Indicator 8: Follow-up mortality review completed within required timeframes in 95% of deaths in the past year.					
	Process Indicator 9: Facility has process(es) for implementing performance improvement initiatives in response to systemic issues identified in the mortality review process.					
	Process Indicator 10: 95% of performance improvement initiatives generated through the mortality review process were completed timely.					
	Outcome Indicator 1: Facility rate of deaths consistent with national					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	benchmark over the past 24 months.					
	Outcome Indicator 2: Zero additional death(s) resulting from facility failure to identify or implement performance improvement initiatives as a result of the mortality review process.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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VIII. Nursing Services						
A. Supports and Services Center conducts comprehensive nursing assessments and reassessments at specified intervals	Overall Compliance Level for Section VIII.A.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has process(es) for identifying under what circumstances and at what intervals comprehensive nursing assessments are to be completed.					
	Process Indicator 2: In 95% of 10% sample of records reviewed during on-site visit there is evidence that comprehensive nursing assessments were completed per facility standards for at least 95% of opportunities in the past 12 months.					
	Process Indicator 3: Facility has process(es) for identifying under what circumstances and at what intervals nursing reassessments are to be completed.					
	Process Indicator 4: In 95% of 10% sample of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	records reviewed during on-site visit there is evidence that nursing reassessments were completed per facility standards for at least 95% of opportunities in the past 12 months.					
	Process Indicator 5: Facility Nursing Health Services Review ⁷ data achieves 90% inter-rater reliability with reviewer.					
	Outcome Indicator 1: Score of 95% or higher on Nursing Health Services Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Nursing Health Services Review completed during on-site review.					
B. Supports and Services Center completes nursing assessments prior to and upon return from an acute care facility	Overall Compliance Level for Section VIII.B.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for ensuring that nursing					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	assessments are completed prior to a resident transferring to an acute care facility.					
	Process Indicator 2: In 100% of acute care facility transfer cases reviewed there is evidence of a nursing assessment prior to transfer.					
	Process Indicator 3: Facility has process(es) for ensuring that nursing assessments are completed in a timely manner upon a resident’s return from an acute care facility.					
	Process Indicator 4: In 100% of return from acute care facility cases reviewed there is evidence of a timely nursing assessment upon resident’s return.					
	Outcome Indicator 1: Resident experienced continuity of care between facility and acute care					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	facility in 95% of outgoing acute care transfers reviewed.					
	Outcome Indicator 2: Resident experienced continuity of care between acute care facility and facility in 95% of returns from acute care facilities reviewed.					
C. Supports and Services Center completes medical consultations and tests within specified timeframes based upon urgency	Overall Compliance Level for Section VIII.C.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for specifying timeframes for completion of medical consultations and tests based on urgency.					
	Process Indicator 2: Facility has process(es) for ensuring that medical consultations and tests are completed within specified timeframes based on urgency.					
	Process Indicator 3: 95% of medical consultations and tests					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	ordered within the past 12 months were completed within specified timeframes based on urgency.					
	Process Indicator 4: Facility has process(es) for ensuring that results of medical consultations and tests are received and reviewed by practitioners in a timely manner.					
	Process Indicator 5: Results of 95% of medical consultations and tests completed within the past 12 months were received and reviewed by practitioners in a timely manner.					
	Process Indicator 6: Facility has process(es) for ensuring that recommendations/findings of medical consultations and tests are addressed by practitioners in a timely manner.					
	Process Indicator 7:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	95% of recommendations/ findings of medical consultations and tests completed within the past 12 months were addressed by practitioners in a timely manner.					
	Outcome Indicator 1: Zero deaths resulting from delay in completion of, practitioner receipt and review of, and/or practitioner response to medical consultations and/or tests.					
	Outcome Indicator 2: Zero hospitalizations resulting from delay in completion of, practitioner receipt and review of, and/or practitioner response to medical consultations and/or tests.					
	Outcome Indicator 3: Zero medical emergencies resulting from delay in completion of, practitioner receipt and review of, and/or					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	practitioner response to medical consultations and/or tests.					
D. Nursing interventions should be implemented for any of the following situations: 1. resident sustains an injury 2. resident is subject to protective supports and procedures 3. medications are administered 4. ongoing care of tracheotomy 5. for skin care or positioning needs 6. resident has or is at risk for decubitus 7. resident is at risk for constipation or impaction 8. resident suffers significant weight loss/gain or is at risk for significant weight loss/gain 9. resident is enterally fed 10. for any other identified health diagnoses or risk factors	Overall Compliance Level for Section VIII.D.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for ensuring that nursing interventions are implemented for each of the listed elements (i.e. items 1-10 in Area column).					
	Process Indicator 2: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of resident injuries within the past 12 months.					
	Process Indicator 3: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of resident protective support uses within the past					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	12 months.					
	Process Indicator 4: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of medication administration cases within the past 12 months.					
	Process Indicator 5: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of ongoing tracheotomy care cases within the past 12 months.					
	Process Indicator 6: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of resident skin care or positioning need cases within					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	the past 12 months.					
	Process Indicator 7: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of decubitus risk cases within the past 12 months.					
	Process Indicator 8: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of constipation or impaction risk cases within the past 12 months.					
	Process Indicator 9: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of nutritional risk cases within the past 12 months.					
	Process Indicator 10:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of enteral nutrition cases within the past 12 months.					
	Process Indicator 11: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing interventions were implemented in at least 95% of cases where residents have other identified health diagnoses or risk factors within the past 12 months.					
	Outcome Indicator 1: Score of 95% or higher on Nursing Intervention elements of Health Services Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Nursing Intervention elements of Health Services Reviews completed during on-site review.					
	Outcome Indicator 3: 95% of resident injuries reviewed during on-site visit were resolved without complication.					
	Outcome Indicator 4: 100% of residents subject to protective support use within the past 12 months did not sustain injury or other harm as a result of or during immobilization protective support use(s).					
	Outcome Indicator 5: Zero deaths resulting from medication administration variances in the past 12 months.					
	Outcome Indicator 6: Zero hospitalizations or medical emergencies resulting from medication administration variances in					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	the past 12 months.					
	Outcome Indicator 7: 90% of residents requiring ongoing care of tracheotomy experienced no complications related to tracheotomy care in the past 12 months.					
	Outcome Indicator 8: Stable or decreasing rate of decubitus ulcers over the past 24 months.					
	Outcome Indicator 9: Zero residents developed a Stage IV decubitus in the past 12 months.					
	Outcome Indicator 10: 90% of decubitus reported in the past 12 months resolved within 60 days.					
	Outcome Indicator 11: Zero episodes of preventable bowel obstruction within the past 12 months.					
	Outcome Indicator 12: Stable or decreasing rate of prn suppository/enema use					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	over the past 12 months.					
	Outcome Indicator 13: Zero deaths resulting from enteral nutrition administration variances in the past 12 months.					
	Outcome Indicator 14: Stable or decreasing percentage of residents receiving enteral nutrition who have been diagnosed with aspiration pneumonia per month over the past 12 months.					
E. Supports and Services Center regularly monitors resident’s health outcomes and makes changes as needed	Overall Compliance Level for Section VIII.E.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for regularly monitoring residents’ health outcomes.					
	Process Indicator 2: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing staff monitored residents’ health outcomes per facility standards.					
	Process Indicator 3:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Facility has process(es) for communicating changes in residents' health status to primary care practitioner(s) and Interdisciplinary Team members in a timely manner.					
	Process Indicator 4: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing staff communicated changes in residents' health status to the primary care practitioner in a timely manner.					
	Process Indicator 5: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing staff communicated changes in residents' health status to Interdisciplinary Team members in a timely manner.					
	Process Indicator 6: Facility has process(es) for making changes in residents'					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	nursing care plans if the plans are not effective.					
	Process Indicator 7: In 95% of 10% sample of records reviewed during on-site visit there is evidence that nursing care plans were changed if health outcome data indicates a lack of effectiveness.					
	Outcome Indicator 1: Score of 95% or higher on Monitoring section of Nursing Health Services Review per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Monitoring section of Nursing Health Services Reviews conducted during on-site review.					
	Outcome Indicator 3: Score of 95% or higher on Individualized Supports Review Medical/Health Outcomes element per					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	quarter for the past four quarters.					
	Outcome Indicator 4: Score of 95% or higher on Individualized Supports Review Medical/Health Outcomes element for Individualized Supports Reviews conducted during on-site review.					
	Outcome Indicator 5: Zero preventable significant declines in health status resulting from failure to monitor residents’ health status and/or failure to make changes to the health care plans as needed.					
F. Supports and Services Center assures safe medication administration	Overall Compliance Level for Section VIII.F.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for ensuring safe medication administration.					
	Process Indicator 2: Facility staff responsible for Medication Administration Observations achieves 90%					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	inter-rater reliability with reviewer.					
	Process Indicator 3: 95% of facility staff members who regularly administer medications have been the subject of at least one Medication Administration Observation in the past 12 months.					
	Process Indicator 4: Facility has process(es) for preventing, identifying, reporting, evaluating, and correcting/responding to medication variances.					
	Process Indicator 5: Facility staff responsible for analyzing medication variances (i.e. assigning levels and critical breakdown points) achieves 90% inter-rater reliability with reviewer.					
	Process Indicator 6: Intensive Case Analysis conducted for 100% of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	medication variances reaching the level at which Intensive Case Analysis is required in the past 12 months.					
	Process Indicator 7: 100% of medication variances reaching the level at which abuse/neglect investigation is required in the past 12 months were referred to APS for investigation.					
	Process Indicator 8: 95% of plans of correction developed in response to individual medication variances in the past 12 months were completed within identified timeframes.					
	Process Indicator 9: Facility has process(es) for analyzing aggregate medication variance data.					
	Process Indicator 10: Facility has process(es) for initiating performance					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	improvement if/when system issues related to medication variances are identified.					
	Outcome Indicator 1: Zero level 9 medication variances in the past 12 months.					
	Outcome Indicator 2: Zero level 5-8 medication variances in the past 12 months.					
	Outcome Indicator 3: Stable rate of total medication variances over the past 24 months.					
	Outcome Indicator 4: Stable or decreasing rate of actual medication variances over the past 24 months.					
	Outcome Indicator 5: Score of 95% or higher on Medication Administration Observations per quarter for the past four quarters.					
	Outcome Indicator 6: Score of 95% or higher on					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	Medication Administration Observations conducted during on-site review.					
H. Supports and Services Center assure policy for emergency tracheotomy care and replacement	Overall Compliance Level for Section VIII.H.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for emergency tracheotomy care and replacement.					
	Process Indicator 2: 100% of nurses who regularly work with resident(s) with a tracheotomy have received and scored 95% or higher on competency-based <i>in vivo</i> training on emergency tracheotomy care and replacement within the past 12 months.					
	Process Indicator 3: 100% of emergency tracheotomy care and replacement kits have a current and thorough inventory completed/monitored within the past 30 days.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 1: Zero deaths resulting from failure to implement emergency tracheotomy care and/or replacement appropriately.					
	Outcome Indicator 2: Zero hospitalizations or significant health complications resulting from failure to implement emergency tracheotomy care and /or replacement appropriately.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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IX. Nutritional/Physical Supports & Therapy Services						
A. Supports and Services Center will conduct comprehensive therapy assessment across therapeutic disciplines at required intervals. The assessment shall include the following: 1. identification of any nutritional and physical risks 2. analysis of findings from each discipline 3. identification of significant therapeutic needs 4. mobility needs 5. communication needs	Overall Compliance Level for Section IX.A.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has process(es) identifying required intervals and content criteria for comprehensive therapy assessments.					
	Process Indicator 2: Facility has process(es) for ensuring that comprehensive therapy assessments are completed at required intervals.					
	Process Indicator 3: Facility has process(es) for ensuring that comprehensive therapy assessments meet identified criteria.					
	Process Indicator 4: Facility Therapy Services Review Checklist ⁸ data achieves 90% inter-rater reliability with reviewer.					
	Process Indicator 5: 95% of 10% sample of records reviewed during on-					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	site visit includes a current therapy services assessment per facility standards.					
	Process Indicator 6: 95% of 10% sample of records reviewed during on-site visit includes a comprehensive therapy services assessment per facility standards.					
	Outcome Indicator 1: Score of 95% or higher on Assessment-related indicators of Therapy Services Review Checklist per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on Assessment-related indicators of Therapy Services Review Checklists conducted during on-site review.					
B. Supports and Services Center will assure development of appropriate nutritional, physical and	Overall Compliance Level for Section IX.B.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
<p>therapeutic supports based upon assessments. The plan should address the following:</p> <ul style="list-style-type: none">1. mealtime guidelines2. positioning needs3. nutritional needs4. oral hygiene5. med administration6. Activities of Daily Livings7. Other therapeutic needs	<p>ensuring development of appropriate nutritional, physical and therapeutic supports based upon assessments and addressing the required elements (i.e. items 1-7 in Area column).</p>					
	<p>Process Indicator 2: 95% of 10% sample of records reviewed during on-site visit contain a nutritional, physical and therapeutic supports document including all of the required elements (i.e. items 1-7 in Area column).</p>					
	<p>Process Indicator 3: 95% of nutritional, physical, and therapeutic supports documents reviewed include clinically appropriate mealtime guidelines based upon the current therapy services assessment.</p>					
	<p>Process Indicator 4: 95% of nutritional, physical, and therapeutic supports</p>					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	documents reviewed include clinically appropriate positioning guidelines based upon the current therapy services assessment.					
	Process Indicator 5: 95% of nutritional, physical, and therapeutic supports documents reviewed address nutritional needs as clinically appropriate based upon the current therapy services assessment.					
	Process Indicator 6: 95% of nutritional, physical, and therapeutic supports documents reviewed include clinically appropriate oral hygiene guidelines based upon the current therapy services assessment.					
	Process Indicator 7: 95% of nutritional, physical, and therapeutic supports documents reviewed include clinically appropriate medication administration					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	guidelines based upon the current therapy services assessment.					
	Process Indicator 8: 95% of nutritional, physical, and therapeutic supports documents reviewed include clinically appropriate Activities of Daily Living guidelines based upon the current therapy services assessment.					
	Process Indicator 9: 95% of nutritional, physical, and therapeutic supports documents reviewed address other therapeutic needs as clinically appropriate based upon the current therapy services assessment.					
	Outcome Indicator 1: Score of 95% or higher on support planning-related indicators of Therapy Services Review Checklist per quarter for the past four quarters.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 2: Score of 95% or higher on support planning-related indicators of Therapy Services Review Checklists conducted during on-site review.					
C. Supports and Services Center will monitor implementation of nutritional, physical, and therapeutic supports.	Overall Compliance Level for Section IX.C.: Compliance Partial Compliance Not in Compliance					
	Process Indicator 1: Facility has process(es) for monitoring implementation of nutritional, physical, and therapeutic supports including the required frequency and content of monitoring activities.					
	Process Indicator 2: In 95% of 10% sample of individual records reviewed during on-site visit there is evidence that monitoring of implementation of nutritional, physical, and therapeutic supports occurred and was documented per facility standards.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Process Indicator 3: Facility staff responsible for the monitoring of implementation of nutritional, physical, and therapeutic supports achieve 90% inter-rater reliability with reviewer.					
	Process Indicator 4: Facility has process(es) for correcting implementation issues identified through the monitoring process(es).					
	Process Indicator 5: In 95% of 10% sample of individual records reviewed during on-site visit there is evidence that identified implementation issues were corrected in a timely manner.					
	Outcome Indicator 1: Score of 95% or higher on monitoring-related indicators					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	of Therapy Services Review Checklist per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on monitoring-related indicators of Therapy Services Review Checklists conducted during on-site review.					
	Outcome Indicator 3: Score of 95% or higher on Mealtime Observations per quarter for the past four quarters.					
	Outcome Indicator 4: Score of 95% or higher on Mealtime Observations conducted during on-site review.					
	Outcome Indicator 5: Score of 95% or higher on Physical Support Observations per quarter for the past four quarters.					
	Outcome Indicator 6: Score of 95% or higher on					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	Physical Support Observations conducted during on-site review.					
	Outcome Indicator 7: Stable or decreasing rate of choking incidents over the past 24 months.					
	Outcome Indicator 8: Zero deaths resulting from choking incidents in the past 12 months.					
	Outcome Indicator 9: Stable or decreasing rate of aspiration pneumonia over the past 24 months.					
	Outcome Indicator 10: Stable or decreasing rate of injuries resulting from transfers over the past 12 months.					
	Outcome Indicator 11: Zero major injuries resulting from transfers in the past 12 months.					
	Outcome Indicator 12: Stable or decreasing rate facility-acquired decubiti					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	over the past 24 months.					
	Outcome Indicator 13: Zero facility-acquired Stage IV decubiti in the past 12 months.					
	Outcome Indicator 14: Stable or decreasing rate of falls over the past 24 months.					
D. Supports and Services Center requires documentation to assure adequate caloric, protein, water and/or fluid intake	Overall Compliance Level for Section IX.D.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for ensuring that adequate caloric, protein, water and/or fluid intake is provided and documented.					
	Process Indicator 2: In 95% of 10% random sample of documentation reviewed during on-site visit there is evidence that adequate caloric intake was provided to residents and documented in the past 12 months.					
	Process Indicator 3: In 95% of 10% random					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	sample of documentation reviewed during on-site visit there is evidence that adequate protein intake was provided to residents and documented in the past 12 months.					
	Process Indicator 4: In 95% of 10% random sample of documentation reviewed during on-site visit there is evidence that adequate water and/or fluid intake was provided to residents and documented in the past 12 months.					
	Process Indicator 5: In 95% of cases where issues were identified related to providing and/or documenting provision of adequate caloric, protein, water and/or fluid intake there is evidence that corrective actions were implemented to resolve the issues.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Process Indicator 6: Facility has process(es) for initiating performance improvement if/when systemic issues are identified related to providing and/or documenting provision of adequate caloric, protein, water and/or fluid intake.					
	Process Indicator 7: Facility has process(es) for identifying individuals who are at nutritional risk.					
	Process Indicator 8: Facility has process(es) for ensuring that the ID Teams develop and implement appropriate plans to remediate nutritional risk for those residents identified as being at nutritional risk.					
	Outcome Indicator 1: 95% of residents identified as at nutritional risk 3 months or more prior to the review but within the past 12 months are no longer at					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	nutritional risk.					
	Outcome Indicator 2: Stable or decreasing rate of residents diagnosed with dehydration over the past 12 months.					
E. Supports and Services Center provides assistive technology and augmentative communication devices for individuals for whom a need is identified.	Overall Compliance Level for Section IX.E.:	CompliancePartial ComplianceNot in Compliance				
	Process Indicator 1: Facility has process(es) for providing assistive technology devices for individuals for whom a need is identified.					
	Process Indicator 2: 95% of residents with an identified need for an assistive technology device have been referred for/provided with such a device.					
	Process Indicator 3: Facility has process(es) for providing augmentative communication devices for individuals for whom a need is identified.					
	Process Indicator 4:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	95% of residents with an identified need for an augmentative communication device have been referred for/provided with such a device.					
	Process Indicator 5: Facility has process(es) for monitoring implementation of assistive technology and augmentative communication devices/ programs.					
	Process Indicator 6: In 95% of records reviewed for residents with AT/AAC devices/programs there is evidence that monitoring of implementation of the AT/AAC devices/programs occurred and was documented per facility standards.					
	Process Indicator 7: Facility has process(es) for correcting issues identified during the monitoring of					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	implementation AT/AAC devices/ programs.					
	Process Indicator 8: In 95% of records reviewed for residents with AT/AAC devices/programs there is evidence that identified implementation issues were corrected in a timely manner.					
	Outcome Indicator 1: Score of 95% or higher on AT/AAC Observations per quarter for the past four quarters.					
	Outcome Indicator 2: Score of 95% or higher on AT/AAC Observations conducted during on-site review.					
	Outcome Indicator 3: Stable or increasing percentage of residents with identified need for AT device/program who have been provided an AT device/ program over the past 12 months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Outcome Indicator 4: Stable or increasing percentage of residents with identified need for AAC device/program who have been provided an AAC device program over the past 12 months.					
F. Supports and Services Center provides direct therapy supports and interventions for individuals for whom a need is identified.	Overall Compliance Level for Section IX.F.:	Compliance Partial Compliance Not in Compliance				
	Process Indicator 1: Facility has process(es) for providing direct therapy supports and interventions for individuals for whom a need is identified.					
	Process Indicator 2: 95% of residents for whom a need for direct therapy supports and interventions is identified are receiving appropriate direct therapy supports and interventions.					
	Process Indicator 3: Facility has process(es) for monitoring implementation of direct therapy supports and interventions.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Process Indicator 4: In 95% of records reviewed for residents with direct therapy supports and interventions there is evidence that monitoring of the implementation of the direct therapy supports and interventions occurred and was documented per facility standards.					
	Process Indicator 5: Facility has process(es) for correcting issues identified during the monitoring of implementation of direct therapy supports and interventions.					
	Process Indicator 6: In 95% of records reviewed for residents with direct therapy supports and interventions there is evidence that identified implementation issues were corrected in a timely manner.					
	Outcome Indicator 1:					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	Stable or increasing percentage of residents with identified need for direct therapy supports and interventions who have been provided direct therapy supports and interventions over the past 12 months.					
	Outcome Indicator 2: 95% of residents receiving direct therapy supports and interventions have made progress toward meeting direct therapy goals in the past six months.					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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X. Most Integrated Setting						
A. Supports and Services Center will assist all individuals who wish to move to a community-based living setting to do so within a timely manner	Overall Compliance Level for Section X.A.:	Compliance		Partial Compliance		Not in Compliance
	Process Indicator 1: Facility has process(es) for identifying residents who wish to move to a community-based living setting.					
	Process Indicator 2: In 100% of records reviewed there is documentation indicating whether/not the resident wishes to move to a community-based living setting.					
	Process Indicator 3: Facility has process(es) for assisting residents who wish to move to a community-based living setting to do so in a timely manner.					
	Process Indicator 4: In 100% of records for people with active transition referrals there is evidence that the transition process is being implemented					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
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	appropriately.					
	Process Indicator 5: Facility has process(es) for providing appropriate community education activities to residents.					
	Process Indicator 6: In 100% of 10% sample of records reviewed during on-site visit there is evidence that community education activities have been offered to the resident in the past 12 months.					
	Process Indicator 7: In 95% of 10% sample of records reviewed during on-site visit there is evidence that community education activities have been provided to the resident in the past 12 months.					
	Process Indicator 8: Facility has process(es) for ensuring that the Individualized Support Plan for residents who wish to					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	move to a community-based living setting include a plan for fading supports used at the Supports and Services Center that are not transferrable to the community, training of community provider staff and family, and plans for transition support team follow-up after transition.					
	Process Indicator 9: In 95% of records reviewed for residents referred for transition to a community-based living setting the Individualized Support Plan includes the required elements.					
	Outcome Indicator 1: 90% of residents referred to move to a community-based living setting do so within 180 days of referral.					
	Outcome Indicator 2: 95% of residents have participated in at least one					

Area	Performance Indicator	Met	Not Met	If Not Met, Why Not?	Supporting Documentation	Recommendations
	community education activity within the past 12 months.					
	Outcome Indicator 3: Appropriately stable or increasing rate of community education activities provided over the past 12 months.					
	Outcome Indicator 4: Appropriately stable or increasing rate of transitions to more integrated settings over the past 24 months.					
	Outcome Indicator 5: Appropriately stable or decreasing main campus facility census over the past 24 months.					